

KKJ 10 and UNDER TENNIS PROGRAM

REGISTRATION / WAIVER

Date: _____

Activity/Sport _____

Location (Site): St Mary of the Purification Catholic School
3002 Rosedale Street
Houston, TX. 77004

Ethic Background (Check one)
 White Asian or Pacific Islander
 Black Native American or Alaskan Indian
 other Hispanic

Parent Name (Print): _____

Parent Name (Signature): _____

Child Name:	Age	Male	Female	Date of Birth

Address: _____
City/State: _____
Work Phone: _____
Home Phone: _____
Alternate Phone: _____
Cell/Pager: _____
Email address: _____

Fees: \$220 per month due 1st Friday of each
Tennis Schedule: Friday's 3:45pm – 5:45pm
location: St Mary's Gymnasium

I give my child permission to attend tennis develop program at St. Mary's Catholic Church/School:

Yes _____ NO _____

Alternate person to notify in an emergency _____ Phone () _____

Doctor's Name and Phone Number: _____

KKJ 10 and UNDER TENNIS PROGRAM Release, Indemnity and Hold-harmless agreement

IN CONSIDERATION OF THE ABOVE-CHILD BEING PERMITTED TO PARTICIPATE IN THE KKJ 10 AND UNDER PROGRAM, AT MY SPECIAL INSTANCE AND REQUEST, I FOR AND ON BEHALF OF MYSELF, MY MINOR CHILD AND HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, RELEASE, ACQUIT AND FOREVER DISCHARGE KKJ 10 AND UNDER PROGRAM, TOGETHER WITH ITS FORMER AND PRESENT ELECTED AND APPOINTED OFFICIALS, LEGAL REPRESENTATIVES, EMPLOYEES, AGENTS, SERVANTS, VOLUNTEERS, (IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES), SUCCESSORS, ASSIGNED AND ALL AFFILIATED PERSONS AND ENTITIES OF, FORM AND AGAINST ANY AND ALL LIABILITIES OF EVERY KIND, CLAIMS CAUSES OF ACTION, KNOWN AND UNKNOWN WHETHER AT LAW OR EQUITY, IN CONTRAT OR TORT, UNDER STATUTORY OR COMMONN LAW OR PURSUANT TO THE TEXAS OR UNITED STATES CONSTITUTION(S), LOSSES, JUDGMENTS, (INCLUDING ALL EXPENSES OF LITIGATION COST, AND ATTORNEYS' FEES). FINES, DEMANDS, DAMAGES, LOSS OF USE OR SERVICES, OR INJURIES TO REAL AND/OR PERSONAL PROPERTY AND/OR PERSONS (INCLUDING DEATH) (COLLECTIVELY CLAIMS), CAUSED BY, ARISING OUT OF RELATING TO, RESULTING FROM, OR IN ANY WAY TOUCHING UPON ANY EVENT, CIRCUMSTANCE OR TRANSACTION RELATING TO MY CHILDS PARTICIPATION IN THE PROGRAM AND/OR THE PRESENCE, MALFUNCTION, MAINTENANCE, ADDITION OR SUBSTIUION OF ANY PROPERTY OWNED, LEASED, OPERATED OR YUTILIZED BY KKJ 10 AND UNDER PROGRAM WITH THE PROGRAM EVEN ID THE CLAIM IS THE RESULT OF THE ACTURAL OR ALLEGED SOLE NEGLIGENCE OF THE KKJ REPRESENTATIVE AND/OR THE ACTUAL OR ALLEGED JOINT OR CONCURRENT NEGLIGENCE OF THE KKJ AND ANY OTHER PERSON OR ENTITY AND/OR THE ACTUAL OR ALLEGED STRICT, STATUTORY OR CONSTITUTIONAL LIABILITY OF KKJ 10 AND UNDER PROHRAM.

FURTHER, I, FOR AND ON BEHALF OF MYSELF , MY MINOR CHILD, AND MY HEIRS, EXECUTORS, ADMINISTRATATORS AND ASSGNS, DO HEREBY AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS KKJ AND 10 AND UNDER PROGRAM, FROM AND AGAINST ANY AND ALL CLAIMS ASSERTED BY ANY PERSON OR ENTITY AGAINST KKJ AND 10 AND UNDER PROGRAM ARISING OUT OF TOUCHING UPON OR IN ANY WAY RELATING TO THE PROGRAM AND/OR TO THE PRESENCE, MAFUNCTION, MAINTENANCE, ADDITION OR SUBSTITUTION OF ANY PROPERTY OWNED, LEASED, OPERATED, OR YUTILIZED BY KKK 10 AND UNDER PROGRAM AND/OR ANY OTHER PERSON OR ENTITY IN CONNECTION WITH THE PROGRAM EVEN IF THE CLAIM IS THE RESULT OF THE ACTUAL OR ALLEGED SOLE NEGLIGENCE OF THE KKJ 10 AND UNDER PROGRAM AND/OR THE ACTUAL OR ALLEGED JOINT OR CURRENT NEGLIGENCE OF THE KKK 10 AND UNDER PROGRAM AND ANY OTHER PERSON OR ENTITY, ANDOR THE ACTUAL OR ALLEGED STRICT, STATUTORY OR CONSTITUTIONAL LIABILITY OF THE KK 10 AND UNDER PROGRAM. AS SUCH, THE FOREGOING INDEMNITY IS INTENDED TO INDEMNIFY THE KKJ 10 AND UNDER PROGRAM AGAINST THE CONSEQUENCE OF ITS SOLE NEGLIGENCE OR FAULT AND AGAINST THE CONSEQUENCE OF THE NEGLIGENCE OR FAULT OF THE KKJ 10 AND UNDER PROGRAM OCCURRING JOINTLY OR CONCURRENTLY WITH THE NEGLIGENCE OR FAULT OF ANY PERSON OR ENTITY AND AGAINST THE CONSEQUENCE OF THE STRUCT, STATUTORY, OR CONSTITUTIONAL LIABILITY OF THE KKJ 10 AND UNDER PROGRAM. I ALSO GIVE KKJ 10 AND UNDER PROGRAM PERMISSION TO USE THESE MEDIA FOR ANY PURPOSE KKJ 10 AND UNDER PROGRAM DEEMS PROPER. FINALLY, I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL ASSISTANCE IN THE EVENT THAT THE EMERGENCY CONTACT IS UNAVAILBBLE.